



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 9:23 am, Feb 19, 2013

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN 66003982	NAME OF AGENCY University of Central Missouri DPS	DATE OF INSPECTION 02/18/2013
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LOCATION OF INSTRUMENT (STREET AND CITY) 306 Broad Street, Warrensburg, Missouri	TIME OF INSPECTION 5:19 pm
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CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DVM TEST: (.350 \pm .150) **.413**

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **02/18/2013 17:20**

☒ CHARACTER DISPLAY TEST

☒ PRINT TEST (PRINTOUT ATTACHED)

☒ SIMULATOR SOLUTION SUPPLIER **Guth** LOT # **11250** EXP. DATE **12/06/2013**

☒ SIMULATOR TEMPERATURE (34°C \pm 0.2°C) **34.0** SIMULATOR SN **DR2009** EXP. DATE **08/29/2013**

☒ CALIBRATION CHECK -- (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .095	TEST 2 .096	TEST 3 .095
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☒ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	0-.04	3	.05-.09	1	.10-.14	0	.15-.19	0	Over .19	0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

This instrument is operating within the guidelines of the Missouri Department of Health and Senior Services.

Sample Test- This instrument operated properly during the sample test.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Gary Schmidt
TYPE & PERMIT NUMBER/EXPIRATION DATE 220141 06/12/2014	TELEPHONE NUMBER (660) 543-4123

RETURN COMPLETED REPORT TO THE: **Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901**



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **11250** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 9, 2011**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1221%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 6, 2013** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of $0.100 \text{ g/210L} \pm 3\%$.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number **FN102408-02** whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

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[illegible]

SUBJECT'S NAME:

2119 LECTS NAME

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1. THE STATE OF TEXAS

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ADDITIONAL INFORMATION AND/OR REMARKS

ADDITIONAL INFORMATION AND COMMENTS.

INTOXILYZER[®] INSTRUMENT PRINTER CARD

INSTRUMENT PRINTER CARD



① 2006年1月1日起，企业发生的符合条件的广告费和业务宣传费支出，除按照《企业所得税法》第九条规定扣除外，其超过部分，准予在以后纳税年度结转扣除。

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INSTRUMENT LOCATION

TYPE-BATCH

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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ADDITIONAL INFORMATION AND COMMENTS

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UCM OPS
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-10302
02/18/2013

SUB NAME=SAMPLE, TEST
SEX=M DOB =07/18/89
DRIV LIC=NA/NA
OFFIC. LAST=NA
OFFICER ID=NA
OPER. LAST=SCHMIDT
OPERATOR ID=528
PERMIT=220141 EXPIRE=06/12/14
ACCIDENT Y/N=N
MISC. DATA=SAMPLE TEST

TEST	%BAC	TIME
AIR BLANK	.000	17:35
SUBJECT TEST	.000	17:35
AIR BLANK	.000	17:35

NO REF PRESENT

SUBJECT'S NAME

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OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

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CMI_{INC}

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



GARY B SCHMIDT

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 06/12/2012

Number 220141

Expires 06/12/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)